

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031868

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 4351 Registrar's No. 55

STATE FILE NUMBER

FILED SEP 11 1962

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Barnett</b>		c. CITY OR TOWN <b>Barnett</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>R. F. D. 1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>ROOSEVELT</b> Last <b>HAWK</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>1</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-20-1900</b> 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Lbr. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Camden Co., Mo.</b>
13a. FATHER'S NAME <b>James R. Hawk</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Whalen</b>	14. NAME OF HUSBAND OR WIFE <b>Rosie Dell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>James Hawk Barnett, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>3 hr</b> <b>5 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>9-23-61</b> to <b>8-27-62</b> and last saw her/him alive on <b>8-27-62</b> Death occurred at <b>12:30A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.E. Humphrey D.O.</b> (Degree or title)		22b. ADDRESS <b>Tuscumbia, Mo.</b>	22c. DATE SIGNED <b>9-1-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-4-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tuacumbia</b>	23d. LOCATION (City, town, or county) (State) <b>Tuscumbia, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Phillips Funeral Home Eldon</b>		25. DATE RECD. BY LOCAL REG. <b>9-4-62</b>	26. REGISTRAR'S SIGNATURE <b>J. L. Wall</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 2663

P. O. Address Evans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.